

# FORMS FOR BID

FOR CONSTRUCTION ON STATE HIGHWAY IN CONTRA COSTA COUNTY AT VARIOUS LOCATIONS BETWEEN EAST MARTINEZ UNDERPASS AND 0.2 MILE SOUTH OF MARINA VISTA AVENUE

In District 04 On Route 680

**Under** 

Notice to Bidders and Special Provisions dated January 11, 2016

Standard Specifications dated 2010

Project plans approved June 15, 2015

Standard Plans dated 2010

To be submitted conjointly with
Electronic *Bid* book dated January 11, 2016
Identified by
Contract No. 04-2G4524
04-CC-680-22.2/23.9
Project ID 0414000248

Federal-Aid Project ACHSNHPIG-680-1(075)E

#### STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

# **DBE - COMMITMENT**

DES-OE-0102.10D (REV 12/2014)

ADA Notice

CONTRACT NO:				
BID AMOUNT:				
BID OPENING DATE:				
BIDDER'S NAME:				
DBE GOAL FROM CONTRACT %:				
DBE PRIME CONTRACTOR CERTIFICATION <sup>1</sup>	: TOTAL NUMBER OF A	ALL SUBCONTRACTS (DBE &	NON-DBE) TOTAL VALUE OF ALL SUE	3CONTRACTS (DBE & NON-DBE)
ITEM NO. SERVICES TO	RK AND DESCRIPTION OF DESUBCONTRACTED OR LLS TO BE PROVIDED <sup>2</sup>	WORK CATEGORY CODES <sup>3</sup>	NAME OF DBEs (Must be certified on the date bid- opened. Include Caltrans' certification address, and phone number. Show 2 lower tier subcontractors)	no., DBE AMOUNT
Show all DBE firms being claimed for cred each DBE shown stating that it will be part shown for the specific amount agreed to.			Total Claimed	\$
The names of the 1st tier DBE subcontract		t be consistent with the	Participation	
Subcontractor List (Pub Cont Code § 4100  Each DBE prime contractor must enter its performed by DBEs, including work performed.	certification number and s	how all work to be	The bidder acknowledges that it DBEs shown on this form to mee 26.53).	
<sup>2</sup> If 100% of an item is not to be performed the item to be performed or furnished.	or furnished by the DBE, d	escribe the exact portion of		
<sup>3</sup> Use Work Category Codes from the Calif	ornia Unified Certification P	rogram database.	Signature of Bidder	
			Date	(Area Code) Tel. No.
			Person to Contact	(Please Type or Print)

For individuals with sensory disabilities, this document is available in alternate formats. For information, call (916) 445-1233, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

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### **DBE CONFIRMATION**

DES-OE-0102.13 (NEW 05/2015)

Contract no.:			
Name of DBE business:			
Name of DBE representative	3:		
DBE certification number:			
Name of bidder:			
Name of prime contractor if o	different from the bidder:		
Name of representative of bi	dder or prime contractor:		
Date:			
Bid item number	Item of work and description of services to be subcontra	cted or materials to be provided <sup>1</sup>	Amount (\$)
<sup>1</sup> If 100% of an item is not to	be performed or furnished by the DBE, describe the exact	Total	
portion of the item to be per	formed or furnished.	As an authorized representative or enterprise, I confirm that my busin prime contractor shown above regithe bidder is awarded the contractic contractual agreement with the bid the type and dollar amount of world form.	dder or prime contractor to perform
		Signature of DBE's authorized	representative:
		Printed name of DBE's author	ized representative:
		Title of DBE's authorized repre	esentative:
		Date:	_

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### **DBE GOOD FAITH EFFORTS DOCUMENTATION**

DES-OE-0102.11A (REV 12/2014)

Bidder's Name	_
Contract No.: _	_

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1. List items of work the Bidder made available to DBE firms. Identify items of work the Bidder might otherwise perform with its own forces, items that have been broken down into economically feasible units to facilitate DBE participation, and items for which the Bidder has established flexible time frames for performance and delivery schedules in a manner that encourages and facilitates DBE participation. For each item listed, show the dollar value and percentage of the total contract. The Bidder must demonstrate that sufficient work to meet the goal was made available to DBE firms.

ltem of Work Offered, Services Offered, or Materials Supplied	Perforr	Normally ns Item s/No	Item Broken Down to Facilitate Participation Yes/No		for Performan Sche	xible Timeframes ce and Delivery edules s/No	Amount (\$)	Percentage of Total Bid
	YES	□ №	YES	Пио	YES	□NO		
	YES	□ио	YES	Пио	YES	□ NO		
	YES	□ио	YES	Пио	YES	□ NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	□ №	YES	Пио	YES	□NO		
	YES	□ №	YES	□ио	YES	□ NO		
	YES	□ №	YES	□ио	YES	□ NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	□ио	YES	□ио	YES	□ NO		
	YES	□ №	YES	Пио	YES	□NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	□ио	YES	□ио	YES	□ NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	□ио	YES	□ио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		

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DBL GOOD FAITH LFFORTS DOCUMENTA

Bidder's Name	
Contract No.:	

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					nclude the items of work offered a n copies of solicitations. e-mail me		
Name of DB	E Solicited	Date of I	nitial Solicitation	ltems o	f Wark Offered	Follow Up Me	ethods and Dates
DBE, the DBEs that pro	vided quotes, the	e price quote for e	each firm, and the pric		specific to the items of work being E if the selected firm is not a DBE ract.		
Items of Work	Specifications	ed Plans/ for Work Offered s/No	Name of Selected Firm	DBE or Non-DBE	Name of Rejected Firm	Quote (\$)	Price Difference (\$)
	YES	□ио					
	YES	□ио					
	YES	Ои					
	YES	Пио					
	YES	Пио					
	YES	Ои					
	YES	Пио					
	YES	Пио					
	YES	Пио					
If the firm selected for the					nd attach names, addresses, and	phone numbers for the	firms listed above.

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ADA Notice

Bidder's Name	
Contract No.: _	

DBE GOOD FAITH EFFORTS DOCUMENTATION	Contract No	
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DES-OF-0102 11A (REV 12/2014)		

DE3-OE-0102.11A (REV 12/2014)			Page 3 of 3
Describe the Bidder's outreach efforts to ide documents.	entify and solicit the interest of all certified DBE	s that have the capability to perform the work o	f the Contract. Provide copies of supporting
Description of Outreach	Dates	Location (if applicable)	Results
	ie interested DBEs with adequate information a assisted, the type of information provided, and		
<ol><li>Describe the Bidder's efforts made to assist dates. Provide copies of supporting document</li></ol>	interested DBEs in obtaining bonding, lines of s.	credit, or insurance. Identify the DBEs assisted	d, the type of assistance offered, and the
equipment the DBE purchases or leases from documents. List efforts made to assist interest	interested DBEs in obtaining necessary equipi the prime contractor or its affiliate. Identify the ed DBEs in obtaining bonding, lines of credit, in bcontractor purchases or leases from the prime	DBEs assisted, the type of assistance offered, nsurance, necessary equipment, supplies, mat	and the dates. Provide copies of supporting erials, or related assistance or services,
	n which they were contacted to provide assista	nce in contacting, recruiting, and using DBE fir	ms. If the agencies were contacted in writing,
provide copies of supporting documents.			
9. Include additional data to support a demons	stration of good faith efforts.		
NOTE: LISE ADDITIONAL SHEETS OF PAPE	DIENECESSARV		

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